

The Intersection of Biology and Society: Differential Responses to the HIV and AIDS Syndemic in Adolescent Populations | Jalan M. Washington

Adolescent sexuality crosses biological, social, economic, political, and cultural disciplines. Understanding the various factors that contribute to adolescent sexuality and sexual behavior is all the more important in the age of HIV and AIDS and is a major focus of my thesis project.

HIV and AIDS now disproportionately affect adolescent populations. Several problems arise when adolescent sexuality is placed within dominant discourses concerning sexuality. First, there is a gap between the existing epidemiology that focuses on adolescent sexuality and public policy that specifically targets adolescents, adolescent sexuality and behavior, and adolescent HIV prevention and education. Secondly, scholarship that attempts to address issues surrounding sexuality in general and sexually transmitted infection transmission is dominated by individualistic efforts and focuses. Lastly, a major problem exists due to the form of prevention approaches undertaken to curtail sexually transmitted infections. These approaches predominately focus on equipping individuals with education or information alone.

The first problem, the gap between epidemiology and policy, has a large impact on adolescents. This gap exists due to the political, economic, and social marginalization of adolescent populations. Adolescents have a particularly unique position within most societies: they are not yet granted the full social and political rights of adults, and they do not depend completely on adults for their health and wellbeing as younger children must do. With regards to their sexuality, adolescents are still viewed ideally as asexual beings although adolescence is itself a stage of sexual awakening. Also, within the subset of adolescence, a wide range and variety of developmental stages exist. A 13year old may exhibit characteristics more in line with that of an 8year old, making chronological age a very ambiguous defining characteristic. These difficulties contribute to problems when attempting to formulate applicable policies. In spite of alarming rates of infections, few, if any, government sponsored programs exist that adequately address existing conditions.

The second problem, the individualistic focus of scholarship causes difficulty when adolescent sexuality is viewed within a real life context. Group influence plays a large determining role in sexual initiation and sexual behavior. A critique of individual choice that is offered in my thesis project highlights peer influence, group decision making, and behavior modification which increase greatly due to social norm influence during adolescence. Unlike any other period of development, the stringency of group norm influence is prevalent during adolescent. We must change the way we understand decision making if we are to understand adolescent risk taking and HIV transmission.

The third problem, inadequate prevention and education program results from our over reliance on providing individuals with information. In spite of overwhelming evidence that information alone is not enough, we rely on imparting individuals with information about disease

transmission and limited instructions of how to apply prevention techniques. Our attempts are naïve at the least, omitting the stringency of group norm influence and decreased parental and authoritative legitimacy.

While each problem poses serious challenges when taken separately, they become more significant due to their interrelatedness in everyday life. The gap in epidemiology results in policy that does not legitimize the actual problems and barriers to prevention that exist. The individualistic focus heavily affects policy making which allows for policies that fail to effectively address the reality of group risk and adolescent disease transmission. Policies that are constrained by strict moral and political forces produce interventions that lack viability within the real world context in which adolescents live. Ultimately, the results we observe are the alarming rates of infection we now see occurring in adolescent populations and the disproportionate disease burden in these populations.

The deficiencies in knowledge caused by these problems illuminate the dire need for alternative models that have the ability to adequately address adolescent sexuality and HIV transmission. These problems require alternative models to individual risk taking such as the biosocial model which incorporates biological issues such as hormonal development as well as an analysis of social factors such as peer influence. For this thesis project, I have borrowed from the theoretical framework of these alternative models. Additional approaches provide a more detailed understanding of the effects of particular political and economic conditions and their effect on sexuality. Issues of marginalization help us to understand the particular position in which adolescents exist and direct our attention to the mechanisms that constrain their autonomy. Education that attempts to have a more comprehensive focus allows us to definitively observe how all of the suggestions offered, including social, biological, political, social, and psychological factors, contribute to real and lasting positive results. These programs incorporate not only applicable information, but also attempt to increase the age of sexual initiation and equip individuals with tools to negotiate and communicate healthy sexual choices. In this thesis project, I highlight various programs and organizations that I have been affiliated with and have worked with and currently work with.

Conclusively, far too many lives hang in the balance for us to allow youth and adolescents to be caught in a moral and political controversy and debate that has spun out of control for decades. HIV refuses to release its grasp on our society, and unfortunately we have not done all that we can to stop it. Infections such as HIV and diseases such as AIDS have now entrenched themselves in the most vulnerable and oppressed populations making reservoirs in which disease evolution proceeds virtually unchecked. Our action and inaction inevitably send a message as to where we place importance and how we value individuals within our society and our world. Hopefully, the message of the future will outweigh the mistakes of the last twenty years of our past.